N. B.

PLACE OF DEATH County Suchester		
County Dorchister	LIMITE	•1
Tillage or City Cambridge (No.		2

13066

STATE OF MARYLAND CERTIFICATE OF DEATH

County	Registration Dist. No.
Village or City Cambridge (No. 214	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORGED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year)	16 DATE OF DEATH (Month) (Day) 3 (Year) 17 I HEREBY CERTIFY, That I attended the decased from 1924, to 1924, that I last saw h Argalive on 1924,
7 AGE If LESS than I dayhrs. 7 2 yrs. 3 mos. D ds. ormin.?	and that death occurred on the date stated above, at 2.45 pm. The CAUSE OF DEATH * was as follows:
B OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	(Duration) yre mos de. Contributory Sacondary (Duration) yrs mos 4 de.
TATHER WILLIAM BORGE OF FATHER (State or country) 12 MAIDEN NAME	*State the Disesse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For iants or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informent) Viola Soulman	if not at place of death?
(Address) 2/9 Pine St 15 Filed Nov. 19 1921 ESWALL	Cambridge, Md. Mov. 19, 1931 20 UNDERTAKER ADDRESS
Registrar	Lewis Daynem Cank. Md., 16 W. Saratoga St., Balton Requasting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quescupation is very important, so that the relative healther," etc., without more precise specincation as Duy laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of octired 6 yrs). state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseworked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Dealnature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on (b) Cotton mill; (a) Salesman, For persons who have no occupation (b) Automobile factory. The material 6 Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> diseases resulting from childbirth or miscarriage as "Puerperal septicaemia," "Puerperal pertionitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." taken. FOR VIOLENT DEATHS state MEANS OF INJURY causing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, mencarbolic acid—probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was undercan be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-Whoopingapproved by Committee on Nomenclature (Recommendations on statement of cause of death as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish earefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury eausing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related eauses of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DEC 7 1931			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

stated EXACTLY. PHYSICIANS should state B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING See instructions on back of certificate. MARGIN RESERVED AGE should be mation should be carefully supplied. TION is very important.

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH	
1. PLACE OF DEATH	<u> </u>	
County Josephster	Registration Dist. No.	
Village or City <u>fakesville</u>	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
	ds. How long in U.S. If of foreign birth?yrsmosds.	
2. FULL NAME Burton		
(a) Residence: No.	St., Ward.	
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nontesident give city or town and State MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)	
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from	
6. DATE OF BIRTH (month, day, and year) Nov 22 1931	I last saw h aliva on, 19; death is said	
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm. Tha PRINCIPAL CAUSE OF DEATH and related causes of Importance	
Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Date of onset	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc Data deceased last worked at this occupation (month and year) year) 11. Total time (years) spent in this occupation	3 Months	
12. BIRTHPLACE (city or town) Dr. C) (Stata or country)	Other Contributory Causes of Importance:	
13. NAME Pugie Burton 14. BIRTHPLACE (city or town) Art CY MA (State or country)		
(State of Country)	Name of operation Date of Was there an autopsy?	
15. MAIDEN NAME Sabelle Robbins	23. If death was due to external causas (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Sabelle Robbins 16. BIRTHPLACE (city or town) Do Co Mig (State or country)	Accident, suicide, or homicide? Date of injury, 19 Where did injury occur?	
17. INFORMANT Stuge Burton (Address)	(Specify city or town, county and State) Specify whethar Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Buried Place Scholbins Date Mor 23, 193/	Manner of injury	
19. UNDERTAKER Sugar Burton (Address) Saleanile	24. Was disease or injury in any way related to occupation of deceased? If so, specify	
20. FILED Mar 22, 1931 Hars It of busiele Registrar.	(Signed) Hers It Geessel Joe regm. D. (Address) Salessilla	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State

the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

roundhame discharge in a fiction	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	400		
	1915	Attock of epilepsy	1 week ago
CEIVE	1921	Run over by street car	1 week ago
	July 5, 1927	Peritonitis	3 days ago
LC 4 1931	1 8		
rtance:	3.	Other contributory causes of importance:	
The Control of the State of St	May 1,1923	Gastroenteritis	1 year
		July 5,1927	July 5, 1927 Peritonitis Other contributory causes of importance:

ADDITIONAL	L SPACE FOR F	FURTHER STATI	EMENTS BY PHY	SICIAN

PHYSICIANS should state WITH UNFADING INK-THIS IS A PERMANENT RECORD, Every item of infor-Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINEY N. B.

FOR BINDING

MARGIN RESERVED

V. S. No. 1

	1. PLACE OF		OF MAR	YLAND—	CERTIFICATE OF DEA	ATH 130	169
ľ		orchester		10	Registration	Dist No //	0
		ty Galest			No. death occurred in a hospital or institution, give its NAN		Ward
	Length of resid	lence in city or town where	death occurred	yrs,mos	ds. How long in U.S. if of foreign birth?	yrsmo	s ds.
		ME Stil	1 Born (Usual place	of abode)	St., Ward. If nonresider	nt give city or town and	State
No.	PERSON	AL AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICAT	E OF DEATH	
	sex Female	4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH (Month)	2-8	, 193./ (Year)
5a	. If married, widowe HUSBAND of (or) WIFE of	ed, or divorcad			22. I HEREBY CERTIF		
_	DATE OF BIRTH (r AGE Year		OV 28	If LESS than I day,hrs.	I last saw h aliva on to have occurred on the date stated above, at Tha PRINCIPAL CAUSE OF DEATH and related causers as follows:	, 19	
OCCUPATION	9 Industry or b work was SAW MILL 10. Data deceasa this occup	sion, or particular ork done, as SPINNER, BDOKKEEPER, etc usiness in which done, as SILK MILL, ., BANK, etc d last worked at ation (month and	11. Total sp:	tima (years) nt in this upation	Still arm		
12	. BIRTHPLACE (city (State or count	y or town)	· · · · · · · · · · · · · · · · · · ·		Other Contributory Causes of importance:		
FATHER	13. NAME Tr	(city or town)	Md)		Name of operationWhat test confirmed diagnosis?		
15. MAIDEN NAME Myrtle Reynolds 16. BIRTHPLACE (city or town) Md (State or country) 17. fNFORMANT Tredway Galway (Address) Seaford Del		23. If death was due to external causes (VIOLENCE) Accident, suicide, or homicide? Where did injury occur? (Specify city of Specify whether injury occurred in INDUSTRY, in F	Date of Injury	, 19			
18	BURIAL, CREMATI	on, or removal		729, 193 <u>-</u> T	Manner of injury		
19. UNDERTAKER W. D. Gravenor & Bro. (Address) Sharptown, Md. 20. FILED 100 30 1931 I Whasturgs A. L. Registrar.			24. Was disease or injury in any way related to occulif so, specify (Signed) A A A A A		•		
-		7.6	. 11. 1	11 6 5 .	No. 1 C. Dill D. Gib		

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IFICATE OF DEATH

number.)

(Day).....

(if death 'occurred in a hospital or institu-tion, give its NAME in-stead of street and

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	LE	l sh	EO	TION is very important. See instructions on back of certificate.
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	=	ma	CA	TI

STATE OF MARYLAND—	CERTIFICATE OF DEATH 13071
1. PLACE OF DEATH	
County & define the	Registration Dist. No. // 7
Village or City - Carrysmille (If	ND. St, Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U. S. If of foraign birth?yrsmosds.
2. FULL NAME & arah Cornich	
(a) Residence: No. 6 purious will (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yaar)
5a. If married, widowed, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attandad daceasad from
1 - 10.41	i last saw h. t. alive on new 9 19 1/ deeth is said
6. DATE OF BIRTH (month, day, and year) \\ \frac{1}{3} - \frac{1}{9} \\ \frac{1}{3} - \frac{1}{3} \\ \frac{1}{3} - \frac{1}{3} \\ \frac{1}{3} - \frac{1}{3} - \frac{1}{3} \\ \frac{1}{3} - \frac{1}{3}	That som the state of the state
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related ceuses of importance
	wera es follows: Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	Correction Tables
SAWTER, BOUNNEEPER, atc.	Gustro-intente 70-1231
work was done, as SILK MILL, SAW MILL, BANK, etc.	9-1-1-
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc. Syndustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceasad last workad at this occupation (month end yaer) Spent in this occupation	Indigitar -
12. BIRTHPLACE (city or town) Cambudye	Other Contributory Causes of importanca:
(State or country)	
13. NAME Colombia Course	
14. BIRTHPLACE (city or town)	Name of operation Dete of
4. BIRTHPLACE (city or town) (Stete or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Incs Carmile	23. If death was due to external couses (VIOL ENCE) fill in also the following:
Ξ	Accidant, suielda, or homicide? Date of injury 19
O 16. BIRTHPLACE (city er town) (State or country)	Whare did Injury occur?
17. INFORMANT & haves Council	(Specify city or lown, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) Colmismilli and	
18. BURIAL, CREMATION, DR REMOVAL Pleca Curry rulle Date h w 12 193/	Mannar of Injury
Pieca Date 1921	Nature of injury
19. UNDERTAKER Zems Baynum	24. Wes disaase er injury in any way ralated to occupation of deceesed?
(Address) Combus y mil	If so, specify
20. FILED 11/11 , 1931 Dr. S. G. Stokels, Registrar.	(Signad) & G. A. Zorgu M. D. (Addrass) Charles will mile.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deccased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PLACE OF DEATH County Sorchester	13072 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City andrige (No.	Registration Dist. No. //6
2FULL NAME // CONCLETE	stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED, OF DIVORCED DIVORCED (Color of Divorced)	DATE OF DEATH 2 2 , 19B
Mulenown 1	I HEREBY CERTIFY, That I attended the deceased from
(Month) (Day) (Year) 7 AGE If LESS than I dayhrs.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	2 Leberce lange Lange
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yis
10 NAME OF BOART Ruman	(Signed) M. D. M.
OF FATHER (State or country) 12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER 13 BIRTHPLACE OF MOTHER (State or Country)	IB LENGTH OF RESIDENCE (For Hospitais, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Rouse Estables	if not at place of death? Former or usual residence
(Address) Canberdy	Galcley Hill Man 2693] 2 UNDERTAKER ADDRESS
Filed Nov 24 192 Coopy	Leus Hoscine Carbudge, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," etc., without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from definite salary), may be entered as Housewife, Houseadditional line is provided for the latter statement; it nature of the husiness or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, or given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of whatever, write None. business, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, For many occupations a single word or term on

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Crup"); Typhoid fever (never report "Typhoid Pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

"(Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Senile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, causing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite): Tuberculosis of lungs, men-inges, peritonaeum, e Carcinoma, Sarcoma, etc., of tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. FOR VIOLENT DEATHS State MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitual nephritis, Whooping cough; (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway train-American Medical Association.) "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPAmation should be carefully supplied. AGE should be stated EXACTLY. MARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEA	тн			3	13073
County Do	chester			Registratio	on Dist. No. 1/ 2
Village or City	Vienna			No	St.,Ward
Lamath of continuous lamate				death occurred in a hospital or institution, give its NA	
Length of residence In ci	ty or town where	leath occurred	yrsmos	ds. How long in U.S. if of foreign birth?	yrsmosds.
2. FULL NAME	Baker 4	erran	Thello		
(a) Residence: No.	Viken	m	R. F.10.	St. Ward.	
		(Usual place	of abode)		ent give city or town and State
PERSONAL AN		ICAL PART	CULARS	MEDICAL CERTIFICAT	TE OF DEATH
4. colo	R OR RACE	5. SINGLE, MAR OR DIVORCE	RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	17 193 0/
5a. If married, widowed, or divo	rced			(Month)	(Dey) (Year)
HUSBAND of (or) WIFE of				22. I HEREBY CERTI	FY, Thet I ettended deceesed from
			- /	, 19, to	, 19
6. DATE OF BIRTH (month, day	y, end year)	nr 17 -1	93/	I last saw h alive on	; death is seid
7. AGE Years	Months	Deys	If LESS than	to heve occurred on the date stated above, at	m.
			1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ca	1
8. Trede, profession, or pa	articular			Stellbom	Date of onset
kind of work done, SAWYER, BOOKKEE	es SPINNER, PER, etc.				
9 Industry or business In	which			On Philase	A
work was done, as S SAW MILL, BANK,	etc			Delinered by One	d
10. Date deceased lest wor this occupetion (mo	rked et	11. Total t	ime (yeers) nt in this	70.00	The state of the s
year)			upation		
12. BIRTHPLACE (city or town)	Vier	na		Other Coutributory Causes of importance:	10 34 06 8 7 16 1
(State or country)					
13. NAME	in Real	week - 4			
				Manager of the second of	
(State or country)	mn) no	·		Name of operation	
15. MAIDEN NAME	0 0	m Jane		What test confirmed diagnosis?	
I II. MAIDEN NAME	mu.	ni pesse		23. If deeth wes due to external causes (VIOLENCE)	
16. BIRTHPLACE (city or to	wn)	00.00		Accident, sulcide, or homicide?	Date of Injury, 19
(Stete or country)	7,34	n n		Where did Injury occur?	or town, county and State)
17. INFORMANT	Vienno	hem	Condrule	Specify whether injury occurred in INDUSTRY, in	HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR R		0	100	Menner of injury	
Place Reals	Tune	Dete 1	18 ,1931	Nature of Injury	
19. UNDERTAKER %	mily			24. Was disease or injury In any way related to occ	
(Address)	Viern	~ A		If so, specify	0 - 10 -
20. FILED 197 19	19.3/	lyale	the Bragle	(Signed) Elizabeth M	Librar Regular

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.-The number of years the deceased followed the occupation.

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E	xample I	in the same of the	Example II	
The principal cause of desof importance were as follows:	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DEC 17	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	BURGATIV	July 5,1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenterilis	1 year

. S. No. 1

N. B.--

PLACE	OF	DEATH	
County Do:	rch	ester	

13014

STATE OF MARYLAND CERTIFICATE OF DEATH

112

	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and
2FULL NAME Infant Gray. (Pre	mature, 7 Months.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single. Wildowed. OR DIVORCED (Write the word)	November 2th., 1981.
October 7th., , , 1 931.	17 1 HEREBY CERTIFY, That I attended the deceased from
7 AGE If LESS than I day hrs. 0 yrs. 2 ds. or min.?	The CAUSE OF DEATH * was as follows: Unknown. Probably inanition due to prema-
(a) Trade, profession or Infant.	ture birth. No Doctor in attendance
(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yrs 1 mos 2 ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER Alonzo Gray.	Signed: Cocal Cocad Cocal Coc
OF FATHER (State or country)	*State the Discase Causing Death, or, in deeths from Violent Caus s, state (1) Means of injury and (2) whether Accidental, Suicidal or Homicidal.
12 MAIDEN NAME OF MOTHER Atha McAllister	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
OF MOTHER (State or country)	At place of death yrs mos ds. State yrs mos ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death? Former or usual residence.
(Informant) Edward E.Lamkin, M.D. Vienna, Md.	Bliott's, Md.
Filed 1 2 1931 192/ Elizabeth Ir brage	will be buried by family.Elliott's, N

If more brenks ere needed, address State Registrer, 16 W. Seratoga St., Balto., Requesting V. S. Ac. 1.

(Approved by U. S. Census and American Public Health Association.)

en at home, tired 6 yrs). state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. guged in domestic service for wages, as Servaul, Cook, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Cure should be taken definite salary), may be entered as Housewife, Houseer," et.., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) (a) Foreman, (b) Automobile factory. The should be used only when needed. As examples : (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the eases, especially in industrial employments; it is neces-Civil engineer, Stationary fireman, etc. But in many tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesbusiness, that fact may be indicated thus; Farmer (reworked on may form part of the second statement. Never return 'Laborer," "Foreman," "Manager." "Dealnature of the business or industry, and therefore an cupation is very important, so that the relative health whatever, write Nonc. household only (not paid Housekcepers who receive a the first line will be sufficient, e. g.. Farmer or Planter, Statement of Occupation-Precise statement of oe-Physician, Compositor, Architect, Locomotive engineer, report specifically the occupations of persons enor At Home, and children, For many occupations a single word or term on who are engaged in the duties of the For persons who have no occupation not gainfully emmaterial Grocery;

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same discase. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

approved by Committee on (Recommendations on statement of cause of death telanus) may be stated under the head of "eontributory." "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage," atic), "Atrophy." "Collapse," "Coma," "Convulsions, tions, such as "Asthenia," "Anaemia" (merely symptomstated unless important. Example: Measles (disease accident; Revolver wound of head-homicide; Poisoned by "Uraemia, "" "Weakness," etc., when a definite discase "Inanition," "Marasmus," "Old Age," "Shock," causing death), 29 ds.; Bronehopneumonia (secondary), American Medical Association.) as fracture of skull, and consequences (e.g., sepsis carbolic acidor as probably such, if impossible to determine definitely and qualify as ACCIDENTAL, SUICIDAL, OF HOMICIDAL, taken. For violent draths state means of injury State eause for which surgical operation was underean he ascertained as the eause. (secondar, or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" ingcs, peritonacum, etc., Carcinoma, Sarcoma,, etc., o Examples: Accidental drowning; Struck by railway train-Whooping unqualified, is indefinite); Tuberculosis of lungs, men-..... (name origin; "Cancer" is less definite; avoid Never report mere symptoms or terminal condiresulting from childbirth or miscarriage cough; -probably suicide. The nature of the injury, for malignant neoplasms); Measles; Chronic etc. valvular heart disease; Nomenclature The contributory Always qualify all

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. A I the data is essential and must be obtained before the certificate is permanently filed.

V. S. Mo. 1

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<i>p</i> -1			
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		,	

N. B.-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	13075
County Deschister HITHIR CORPORATE	Registration Dist. No. 1/6
Village or City Cumbulge	1 3 1 8 () 4 m 1
(If	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	14 ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME Betige Home	
(a) Residence; No. 2 48 Prince	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
male colored married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Willie Assis	1 HEREBY CERTIFY, That I attended deceased from
	! last saw h Are alive on Transfer 2 4 , 19.81 ; death is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 9:30,2.m.
1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
66 3 14 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Sawyer, BOOKKEPER, etc.	alluschips 1922
SAWYER, BOOKKEEPER, etc.	myserians 170
work was done, as SILK MILL SAW MILL, BANK, etc.	1 during 1 tem were tage 1714
O 10. Date deceased last worked at 11. Total time (years)	Names were my les (175)
this occupation (month and spant in this occupation 4.0	
0 4 1	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town). (State or country)	Chang Thimas hazy
13. NAME 14. BIRTHPLACE (city or town) (State or country)	
14. BIRTHPLACE (city or town)	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Play that (3) 16. BIRTHPLACE (city or town) Chambridge (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town).	Accident, sulcide, or homicide? Date of injury, 19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Willie Augus	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 243 Gine St	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place ambridge Date VAV 21, 1931	Nature of Injury
19. UNDERTAKER Lewis Jasnum	24. Was disease or Injury In any way related to occupetion of deceased?
(Address) Cambridal Md.	If so, specify
21-17.1 1 99 7 7 plst	(Signed) Carrolle m st class M.D.
20. FILED / AV	(Address) Cambada Mil
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	xample I		Example II	-
The principal cause of dea of importance were as foll	ath and related causes ows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	DEC. 7 1931	1921	Run over by street car	1 week ago
Cercbral hemorrhage		July 5,1927	Peritonitis	3 days ago
	73) }			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	A.I	J	3	1	A	į	À	4	4	Ĺ	Ĺ	ľ	1]		,	3		((Ĺ	j		5	(#)	5	-		ľ	ľ	Ĭ	7		1]	ŕ	Ĭ	,)	F	I]			•	7	Y	1	7	1	5	3	3	8	F	F	I]]]			5	5	4	*	ľ	1		-	V	1	ì		Ç	F		I	V	N	1	1]	ľ	I		1	4	A	1	1	ľ	I	7		9	5	5	S	8	8	5	7.5	6	-	-										1	-	6	6	64	7.5	20	3	5	5	S	S	2	S	S	S	S	8	3	S	S	S	S	S	S	S	S	S	S	S	S
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PLACE OF DEATH	13076 STATE OF MARYLAND
County Dosehister	CERTIFICATE OF DEATH
f.	Registration Dist. No. // O
Village or City Kern / Wood No	St.: Ward) (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	Muss borrigg nov. 26, 1931 (Month) (Day) (Year)
Mun 26', 1931 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from
Jeffes. Benge de or min.?	and that death occurred on the date stated above, at II
(a) Trade, profession or particular kind of work (b) General nature of industry	Mess Corplage et 5. ms.
business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country)	Contributory Secondary (Duration) yrs
10 NAME OF Hogd House	(Signed) M. D
OF FATHER (State or country) 12 MAIDEN NAME (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
OF MOTHER Golden Coleman 13 BIRTHPLACE OF MOTHER (State or Country) OF MOTHER (State or Country)	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of deathyrsmosds. Where was disease contracted,
(Informant) Hloyd Heury	Where was disease contracted, if not at place of death? Former or usual residence
(Address) Link levogy	Jump den down hor 28, 19 21
Filed /WO-LD 1929	Hoyd Hary Links wool
If more bianks are needed, address State Registral	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

V. S. No. 1

N. B.

(Approved by U. S. Census and American Public Health Association.)

Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces-Civil engineer, Stotionary firemon, etc. But in many Physician, Compositor, Architect, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a whatever, write Nonc. Housemaid, etc. If the occupation has been ehanged to report specifically the occupations of persons en-Foremon, (b) Automobile foctory. The material to know (a) the kind of work and also (b) the For many occupations a single word or term on or Al yrs). Farm laborer, Laborer-Coal mine, etc. Wom-(b) Cotton mill; (a) Salesman, (b) Grocery, without more precise specification as Doy Home, and children, not gainfully em-For persons who have no occupation Locomolive engineer,

EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia,")

"Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; inges, peritonacum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonitis," etc. "Exhaustion," "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopncumonia (secondary), (secondary or intercurrent) affection need not be Chronic interstitiol nephritis, unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Nomenclature tetanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e. g., sepsis carbolic acid-probably suicide. The n-ture of the injury, occident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all Whooping American Medical Association.) Examples: Accidental drowning; Struck by railway troin-(Recommendations on statement of cause of "(Atrophy," "Collapse," "Coma," "Convulsions, illity" ("Congenital," "Senile," etc.), "Dropsy,' haustion," "Heart failure," "Haemorrhage, Never report mere symptoms or terminal condicough; Chronic " "Marasmus," "Old Age," "Shock," etc. volvulor heart disease; The contributory

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH plnods Registration Dist. No. Village or City (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred ds. How long in U.S. If of foreign birth? vrs. mos. statement 2. FULL NAME If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE 21. DATE OF DEATH OR DIYORCED (write the word) CTL classified. 5a. If married, widowed, or divorced HUSBAND of EREBY CERTIFY, That I attended deceased from (or) WIFE of H 6. DATE OF BIRTH (month, day, and year) certificate. properly 7. AGE Years If LESS than to have occurred on the date stated above, at Months 1 day, -. hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or min. Date of onset marayous 8. Trade, profession, or particular Oct 15 OCCUPATION THIS kind of work done, as SPINNER, be SAWYER, BOOKKEEPER, etc ... may 9. Industry or búsiness in which should work was done, as SILK MILL, SAW MILL, BANK, etc..... 10. Oate deceased lest worked at on 11. Total time (years) this occupation (month and spent in this so that occupation instructions UNFADING Other Contributory Causes of importance: 12. BIRTHPLACE (city or town (State or country) supplied. FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) should be carefully What test confirmed diagnosis?_____ Was there an autopsy?____ Q 15. MAIDEN NAME very important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicido?_______ Date of injury________19___ CAUSE OF DEATH 16. BIRTHPLACE (city or town) (State or country Where did Injury occur?____ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 17. INFORMANT 18. BURIAL, CREMATION, OR REMOVAL Manner of injury mation Nature of Injury 24. Was disease or injury in any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify 20. FILED.... Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, nuining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis DEC 2 1904	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A view month			
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year
		\	

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of infor-

1. PLACE OF DEATH	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(B)	3078
County deachite		Registration Dist. No. // /	
Village or City Calmismul		No	Ward
Length of residence in city or town where death		If death occurred in a hospital or institution, give its NAME instead of street and s. How long In U.S. N of foreign birth?	
2. FULL NAME	Hux		
(a) Residence: No. Comus mu	(Usual place of abode)	St., Ward. If nonresident give city or town and	State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR, DIVORCED (write the word)	21. DATE OF DEATH 71 N 26 (Month) (Day)	, 193 (Year)
5a. 11 married, widowed, or divorced HUSBAND o1 (or) WIFE o1		22. HEREBY CERTIFY, That I attended 22. Lungue 1931 to hungl	deceased Iron
6. DATE OF BIRTH (month, dey, end yeer) 71-0	V26-1931	last saw h w ative on nw 20, 1931	_; death Is said
7. AGE Years Months	Deys II LESS than I dey, hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	15.4.4
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	is canagin	nel cariage (3 ms)	Date of onset
Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.			
SAW MILL, BANK, etc	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town). Churus vu. (State or country)	lu mi	Other Coutributory Causes ol importance:	
# 13. NAME Chas by 17	it -		-
14, BIRTHPLACE (city or town) (State or country)		Name of operation	
œ	mas	What test confirmed diagnosis?	
15. MAIDEN NAME 16. BIRTHPLACE (city er town) (State or country)	4	Accident, sulcide, or homicide? Date el injury Where did injury occur?	
17. INFORMANT C4 Hull (Address)		(Specify city or town, county and State Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PL	e) ACE,
18. BURIAL, CREMATION, OR REMOVAL Place 77 0000000000000000000000000000000000	Date 7 11-26 ,193/	- Manner ol injury	
19. UNDERTAKER (Address)		24. Was disease or injury In any wey related to occupation of deceased?	
20. FILED, 19	Registrar.	(Signed) Sastry (Address) Curry rully m	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
REAU V.S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING,

V. S. Mo. 1

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1				F	MAR	YLAND-	CERTIFICATE OF DEATH 1307	9
	1. PLACE OF		rn chester					
	County		well	0	1 (750	Registration Dist. No. 4/6	
	Village or Cit	ty	was .	~_	este)		ND. St., St., St., St. NAME instead of street and number)	Vard
	Length of resid	lence In ci	ty or town where	death	occurred	yrsmos	ds. How long In U.S. if of foreign birth?mosmos	_ds.
	2. FULL NAM	AE	Annie	Vi:	rginia	Hughes		
	(a) Residenc	e: No	C			eek. Md.	St., Ward.	
	DEDGON			17	(Usual place of		If nonresident give city or town and State	
-	SEX		R OR RACE				MEDICAL CERTIFICATE OF DEATH	
3.	Female	4. CULU	White		OR DIVORCED	(write the word)	21. DATE OF DEATH	
50		d or dive			Mar	ried	November [3, 198])
Ju.,	. If married, widowe HUSBAND of (or) WIFE of			7)	TT 7		22. A I HEREBY CERTIFY, That I attanded deceased	from
	(41)	VV	illiam	В.	Hughe	S	Jan ,191, 10 Mor 10 ,195	
6.	DATE OF BIRTH (nonth, da	y, and year)	-	1/13/	1882	(last saw h alive on Oct 26 , 1921; death is	said
7.	AGE Years		Months	1	Days	If LESS than 1 day, hrs.	to have occurred on the date stated above, at _3 _ 30_m, A . M .	
	49		2			or min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:	nest
NO	8. Trada, profess kind of wo	sion, or pa ork dona,	articular as SPINNER,	H	111 CA 14	om ³ c		10.
ATI	kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occuration (month) and the second in this		OLY	Ongma Tectoria Jun	20			
UP	work was	done, as S , BANK, a	SILK MILL,		x			
00	10. Data deceased	d last wor	ath and		11. Total tir	tin thie		
_	yaar)					pationX	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city (State or count		Maz	tyl	land			
ER	13. NAME	Geo	orge Br	itt	ingha	m		
FATHER	14. BIRTHPLACE (wn)				Name of operation	
-	(State or c				vland		What test confirmed diagnosis? Was there an autopsy?	-
MOTHER	15. MAIDEN NAM	E	Lizzi	e F	Riggin	S	23. If death was dua to external causes (VIOLENCE) fill in also the following:	
TOI	16. BIRTHPLACE (wn)	To w	we fra wat		Accident, suicide, or homicida? Date of injury, 19	
2,	(State or o	-			yland		Where did injury occur? (Specify city or town, county and State)	
	(Address)		Liam B. Church			Md.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATIC			363	n	C 15 31	Manner of Injury	
	Place GO	Tuer		. Nod	to 100	15,1931	Natura of injury	
19.	UNDERTAKER	0	Lecture	1-	prine	-d	24. Was diseasa or injury In any way related to occupation of deceased?	
2D.	FILED Nov.	14.	e31 E	2	? Ture	Registrar.	(Signed) For IT. Thereis, Ja.	M. D.
			If more	blanks	are needed, ac	ldress State Registrar,	241 Note Charles Street, Baltimore, Requesting U. S. No. 1.	4

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
D50 7 1033			
Other contributory causes of importance:		Other contributory causes of importance:	•
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH 13080
1. PLACE OF DEATH	
County Orchister	Registration Dist. No. 16
Village or City Cambudge	No. 2 St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurred 5.7 yrs, _//mos.	
2. FULL NAME Trahalia Johnson	
(a) Residence: No. 2 Rubband	St. Ward.
(Usual place of abode)	If nonresident give city or Iown and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
. If married, widowed, or divorced	
HUSBAND of (or) WIFE of David Johnson	22. I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH (month, day, and year)	I last saw h A alive on 2 4 ,1934; death is said
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 11:3 0-19m.
377 // 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Frada, profession, or particular kind of work dona, as SPINNER,	Manie Depression Gay.
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	4
work was done, as SILK MILL, SAW MILL, BANK, etc.	Ind madition 1924
10. Oata deceased last worked at this occupation (month end year) occupation (month end year)	7779324
Caltan	Other Contributory Causes of Importance:
(State or country)	3
5 13. NAME William Emplo	
14. BIRTHPLACE (city or town) Boltzman	Name of operation Date of
(Stata or country)	What test confirmed diagnosis? Climinal Was there an autopsy?
15. MAIDEN NAME Amit Emplo	23. If death was dua to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Dete of Injury, 19
(State or country)	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT David Africa (Address) 2 Auto-Auto-Auto-Auto-Auto-Auto-Auto-Auto-	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR, REMOVAL	Manner of injury
Place Vambridge, Mr. Date Nov. 27 , 1931	Nature of injury
19. UNDERTAKER M. St. Clair	24. Was disease or injury in any way related to occupation of deceased?
(Address) Combon of mil	If so, specify (Signed) Carrie Prostlin M. D.
20. FILED Por. 20, 1931 Registrar.	(Address) Cambridge PA
, ,	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the eccupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related cause of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURDAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state of OCCUPA. Every item of Exact statement WITH UNFADING INK-THIS IS A PERMANENT RECORD stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING certificate. AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. -WRITE PLAIN

V. S. Mo. 1

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infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	31
1. PLACE OF DEATH	130	27
County Dorchister	Registration Dist. No.	2
Village or City aires R 3 D 1	ND. St., St., ideath occurred in a hospital or institution, give its NAME instead of street and number	Ward
		ds.
2. FULL NAME Elsie Them In		
C PALED	St., Ward.	
(a) Residence: No. (Usual plate of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) A. If married, widowed, or divorced	21. DATE OF DEATH (Month) 2 5 , 193 (Month) (Day) (193)	1 Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decease	
		19 34
6. DATE OF BIRTH (month, day, and year)	1103(301) 112000000000000000000000000000000000	th is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 6:00 m.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
7 ormin.	The same of the sa	e of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	4 transition Bith	11-34
9 Industry or business in which	A 1	1-31
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. 9 Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this occupation (month and		18/31
11. Total time (years) this occupation (month and year) year) cocupation		
C C C D	Other Contributory Causes of Importance:	
12. BIRTIIPLACE (city or town)	Demy dration 11	-11-3
E 00 00 10 .	Name of operation. Date of	
(State or country)	What test confirmed diagnosis? Climical Was there an autops	v?
15. MAIDEN NAME Odla Wilson	23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME CLU WILSON 16. BIRTHPLACE (city or town) Name CD D Z (State or country) 1800 chart C D D Z	Accident, suicide, or homicide? Date of injury	19
S (State or country) Donchester Co Mrs.	Where did injury occur?	
17. INFORMANT Luster Johns (Address) any OD 3 15	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place JOLA Merch Dor. Ch. Date 100. 28 ,19 51	- Nature of injury	
19. UNDERTAKER Stephen (3. Hilson) (Address) Tenna, P. F. D. #2,	24. Was disease er injury in any way related to occupation of deceased?	V
20, FILED NOV. 28, 19.31 E. E. Walf	(Signed) Carroll Stellin	M. D.
Registrar.	(Address) Cambridge The	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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10.-The month and year the deceased last worked at the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1	ADDITIONAL	SPACE FOR FURTHE	R STAT	EMENTS, BY PHYSICIAN	
Jaraly	sis of	both low	ver	Atremetris	Ann
Minth.	×				

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Gallstones (2)	May 1,1923	Gastroenteritis	1 year
13			

13083 STATE OF MARYLAND CERTIFICATE OF DEATH

MEDICAL CERTIFICATE OF DEATH

Registration Dist. No.

Ward)	(If death a hospital tion, give stead of	its NAME :	tu-
	stead or	Berede a	•

16 DATE OF DEATH (Month) (Day) I HEREBY CERTIFY, That I attended the deceased from and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows: (Duration)yrs......mos..... Contributory Secondary (Duration) _____yra..... (Address) ... *State the listase Causing Death, Violent Causes, state (1) Means of Inj Accidental, Suicidal or Homicidal. or, in and 13 LINGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) in the At place of death _____yrs.......ds. Where was disease contracted, it not at place of deah?..... Former or

If more b.anks are needed, addre s Ltate Registrar, 16 W. Saratoga St., Balto., Lequesting V. S. No. 1

nd

(Approved by U. S. Census and American Public Health Association.)

er," etc., wave, laborer, laborer, laborer, farm laborer, tired 6 yrs). state occupation at beginning of illness. If retired from whatever, write None. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houselaborer, Farm laborer, Laborer—coal mine, etc. would en at home, who are engaged in the duties of the household only (not paid Housekeepers who receive a worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Spinner, (b) Cotton mill; (a) Salcsman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know cases, especially in industrial employments, it is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, c. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of oc-Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emwithout more precise specification as Day For persons who have no occupation (b) Automobile factory. The material (a) the kind of work and also (b) the -Coal minc, etc. Wom-(6) Grocery;

Strtement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same dise.se. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopmeumonia ("Pneumonia");

American Medical Association.) tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("E.:haustion," "Heart failure," "Haemorrhage," unqualified, is indefinite); Tuberculosis of lungs, men-inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved by Committee on Nomenclature of the (Recommendations on statement of cause of as fracture of skull, and consequences (e. g., sepsis, Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), st_ted unless important. (secondary or intercurrent) affection need Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS State MEANS OF INJULY Chronic Example: Measles (disease etc. The contributory valvular heart disease; Always qualify all not be

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institu-Ward) tion, give its NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED OR DIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) IIf LESS than and that death occurred on the date stated above, at 7 AGE I day hrs. The CAUSE OF DEATH * was as follows: OCCUPATION (a) Trade, profession or particular kind of work Ш (b) General nature of industry business, or establishment in (Duration) which employed or (employer) MARGIN Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER ō 11 BIRTHPLACE *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal. OF FATHER ENT (State or country) 12 MAIDEN NAME 2 18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans-OF MOTHER ients or Recent Residents) 13 BIRTHPLACE In the At place of death. OF MOTHER (State or Country Where was disease contracted, D if not at place of death?. shou Every item CIANS sho statement usual residence OF BURIAL If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting

REVISED UNITED STATES STANDARD & CERTIFICATE OF DEATH

(Approved by U. S. Census and American Public Health Association.)

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STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10000
County & outpoling	Registration Dist. No. 114
"Village or City Jakumille Ind	No. St., Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
1, 0 0, 1	to the tens of the
2. FULL NAME Tronge & huhm	
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH >
OR DIVORCED (wrige the word)	how 10 ,193/
5e. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
19 2816-1	Rel. 7-4, 1931, 10 har. 10, 191
6. DATE OF BIRTH (month, day, end yeer) Du 28/85/	l lest saw luce a live on
7. AGE Years Months Days If LESS than I day,	to have occurred on the dete stated above, at
01 10 12 ormin.	were es follows:
8. Trade, profession, or perticular kind of work done, as SPINNER,	Spoplety
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decessed last worked at this occupation (month end	1 de 74
work was done, as SILK MILL, SAW MILL, BANK, etc.	175/
10. Date decessed last worked at this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	
13. NAME 7	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of County)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Emily 1. 16. BIRTHPLACE (city or town)	23. If deeth wes due to externel causes (VIDLENCE) fill In also the following:
6 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, Dete of Injury, 19
∑ (State or country)	Where did Injury occur?
17. INFORMANT Mis. Many 18 - William	(Specify city or town, county and Stale) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Cumbridge mol	
18, BURIAL, CREMATION, DR REMOVAL	Menner of injury
Place La Riswillia, Date M/L, 1931	Neture of injury
19. UNDERTAKER trush &: alburgh	24. Was diseese or injury in any way related to occupation of deceased? 20
(Address) Cambridge ml.	If so, specify
20, FILED MOV 11, 1931 Javal It. I Cusiel	(Signed) M. D. M. D.
Trea (Registrar.	(Address) Causting his

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BURRAU V.S.	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state of OCCUPA.

Exact statement

stated EXACTLY.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAIN

V. S. No. 1

Every item of infor-

WITH UNFADING INK-THIS IS A PERMANENT RECOUR FOR BINDING MARGIN RESERVED

STATE OF MARYLAND—CERTIFICATE OF DEATH

1	2	6	0	0
1	U	U	0	6

1.	PLACE OF	F DEAT	гн		(133		10000
	County	Dor	chester			Registration D	Dist. No. 117
	Village or C	ity_C	rntrsi	ville	(li	No. death occurred in a horpital or institution, give its NAME	St., Ward instead of street and number)
	Length of resid	dance in cit	ty or town where de	eath occurred	yrsmos	ds. How long In U.S. if of foreign birth?	yrsmosds
2.	FULL NAI		Clarence (Ros		Corners	ville, Moward.	ive city or town and State
	PERSON	AL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CERTIFICATE	OF DEATH
3. SE	Male	W	n or RACE	OR DIVORCED	RED. WIDOWED, O (write the word) Pled	21. DATE OF DEATH November 4:	th I93I., 193
5a, I	f married, widow HUSBANO of (or) WIFE of	ed, or divo	Tha Hil			22. I HEREBY CERTIFY	That I attended deceased from
	ATE OF BIRTH (12/21/		I last saw h_ aliva on	15 1931; death is said
7. AC	GE Yea	66	Months II	Days I3	If LESS than 1 day,hrs.	to have occurred on the date stated above, at II	
2	8. Trade, profes	sion, or pa	rticular		ormin.	were as follows:	Oate of onset
OCCUPATION	9. Industry or I work was	BOOKKEE business in done, as S	which ILK MILL,	Farmer x		O gelita	2 94
000	10. Data dacease		nth and	11. Total ti spen occu	me (years) It in this X pation	Othar Contributory Causes of Importance:	
12. B	SIRTHPLACE (cit (State or coun		Mary	land		actario - Sector is	
ER	13. NAME	Zε	cria h Mi	tchell		Sirie demente	******************************
la.	14. BtRTHPLACE (State or		wn)Ma	ryland		Nama of operation	Data of
HER	15. MAIDEN NAI	ME	Mary	Dennis		23. If death was dua to external causes (VIOLENCE) fill	in also tha following:
MOTHER	16. BIRTHPLACE (State or		wn)	aryland		Accident, suicide, or homicide?D Whara did injury occur?	
17. ii	NFORMANT (Address)	Melv	in Mitc Corners	hell ville.	Md.	Specify etty or t Specify whether injury occurred in INDUSTRY, in HOM	own, county and State) ME, or in PUBLIC PLACE.
18. B	URIAL, CREMAT			176		Manner of injury	
	(Address)	Gran	ville S Camb	. Le Com	us,	24. Was disaase or injury in any way related to occupate If so, specify	tion of deceasad?
20. F	ILEO. L.	, 1	0.10.	A.U.	Registrar.	(Address) Emmanlu	mil

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P DEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL S	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
--------------	-------	-----	---------	------------	----	-----------

V. S. No. 1

1.	PLACE OF DEATH		76		
	County Docchester	SATTONALES	HIUTE of	Registration Dist. No.	//6
	Village or City Cambri	dge		No. Cambridge Md. Hospideath occurred in a hospital or institution, give its NAME instead o	test. Ward
	Length of residence in city or town where	death occurred	()i yrsmos	death occurred in a hospital or institution, give its NAME instead o ds. How long In U.S. if of foreign birth?yrs.	f street and number)
2.	FULL NAME Sadie	Louise I	Parker		
	(a) Residence: No. Fis	shing Cre		St., Ward. If nonresident give city of	or town and State
	PERSONAL AND STATIST	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	EATH
3. SI	Female White	5. SINGLE, MAR OR DIVORCEI	RIED, WIDOWED, Swrite the word)	21. DATE OF DEATH November 2st	[93I 193
5a. I	f married, widowed, or divorced HUSBANO of (or) WIFE of Julian T.	Parker		22. 1 HEREBY CERTIFY, That	I attended deceased from
	ATO OF BIRTH (July I6	T007	I last saw her alive on hove 2	
7. A	ATE OF BIRTH (month, day, and year) GE Years Months	Days	I883	to have occurred on the date stated above, at 3, 40 m. I	M. death is said
	48 3	16	1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Impowere as follows:	
NO	8. Trade, profession, or particular kind of work done, as SPINNER, H SAWYER, BOOKKEEPER, etc	louse Wor	k	600	145
OCCUPATION	9 Industry or husiness in which			Carcinoma	1950
CO	work was dono, as SILK MILL, SAW MILL, BANK, etc.	X		Janereas	
8	10. Oate deceased last worked at this occupation (month and year)		tin this x		
12. I		yl nd	pation	Other Contributory Causes of importance:	
ER	13. NAME William H	. Simmon	S		******
FATHER	14. BIRTHPLACE (city or town) (Stata or country)	Maryland		Name of operation	
ER	15. MAIOEN NAME Rebecca	Lewis		23. If death was due to external causes (VIOLENCE) fill in also the	
MOTHER	16. BIRTHPLACE (city or town)	ryland		Accident, suicide, or homicide? Oate of inj	
17. 1	NFORMANT Mr. Julian (Address) Fis	T. Park		(Specify city or town, coursed in INOUSTRY, in HOME, or in	nty and State) PUBLIC PLACE,
18. E	urial, cremation, or removal Place Fishing Creek		I/4/3I.	Manner of injury	
19. U	NOERTAKER G? S. I. (Address) Ca.	eCompte.	Md.m	24. Was disease or injury In any way related to occupation of de	ceased? No-
20. F	ILEO MAJ. 3, 1931	ERW	of TRegistrar.	(Signed) Jor. 18: Oh (Address) Cambra	river JA.D.
	***				The second secon

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
0.12				
Other contributory causes of importance:		Other contributory causes of importance:	100	
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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MARGIN RESERVED FOR BINDING

state.	1. PLACE OF DEATH	CERTIFICATE OF DEATH 13088
should s	County Doubette	Registration Dist. No. 116
0		NDSt.,Wa death occurred in a hospital or institution, give its NAME instead of street and number)
PHYSICIANS oct statement	2. FULL NAME and S. Phil (a) Residence: No. 131 mill ht.	ds. How long in U.S. if of foreign birth?mos
	(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give eity or town and State MEDICAL CERTIFICATE OF DEATH
Exa	3. SEX 4. COLOR OR RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
stated EXACTI properly classified. sertificate.	5à. If married, widowed, or divorced HUSBAND of (or) WIFE of Author Author	22. HEREBY CERTIFY, That I attended deceased from the state of the sta
EX cl:	6. DATE OF BIRTH (month, day, and year) 8-10-1882	I last saw h alive on 19 3/: death is si
stated E properly certificate.	7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
be of	8 Trade profession or particular	Break 192
should it may in back	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	
[F] +	this occupation (month and year)	Dther Contributory Causes of importance:
	12. BIRTHPLACE (city or town) (State or country)	2: a h
	13. NAME 14. BIRTHPLACE (dity or town) (State or chefter)	8
y sul	14. BIRTHPLACE (fit) or town)	Name of operation Date of 9 1/9 What test confirmed diagnosis? Was there an autopsy?
full n pl	15. MAIDEN NAME angustis m. Hurly	23. If death was due to external causes (VIOLENCE) fill In also the following:
	15. MAIDEN NAME Company M. Hulling 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury, 19
should be OF DEA's very imp	17. INFORMANT Mrs. E. Le Le Graph	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
S E	18. BURIAL, CREMATION, OR REMOVAL Place Combudy Date 2 198/	Manner of injury
mation CAUSI TION	19. UNDERTAKER trank E. Warfer (Address) Cambo & m	24. Was disease or injury in any way related to occupation of deceased?
	20. FILED 700.37, 1931 DERWARD	(Signed) Audio de M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street.car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis -	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.-WRITE PLAIN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	1308

	1. PLACE OF	DEATH					10000
	County	Dorches	ter			Registration Dist. 1	No. 112
	Village or City	Rei	ds Go	cove,		No	St., Ward
	Length of resider	nce in city or town	where deat	h occurred		f death occurred in a hospital or institution, give its NAME instea	
	2. FULL NAM	747 * **		Pritc			
	(a) Residence				ve, Md.	St., Ward. If nonresident give cit	y or town and State
- COMME	PERSONA	L AND STA	TISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF	DEATH
3.	Male	White	CE 5.	SINGLE, MAR OR DIVORCE	RIED, WIDOWED.) (swrite the word) [10]	21. DATE OF DEATH Nobember 4t	h I93I193 (Year)
5a	. If married, widowed, HUSBAND of (or) WIFE of	or divorced	nfan	t		22. I HEREBY CERTIFY, Th	
6.	DATE OF BIRTH (mo	onth, day, and year	,	July	I9 I931		
-	AGE Years	Mon	iths	Deys	If LESS than I day, hrs.	to have occurred on the deta stetad above, at	
	X		3	I5	ormin.	wera es follows:	- Date of onest
Z	8. Tredo, profession, or particular kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc.					Deankora (Hundas	
OCCUPATION	SAWYER, BODKKEPER, etc. 9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.					g Cholora Dregantam	75 1631
000	10. Dete deceased	lest worked at ion (month and	X	spar	ma (years) It in this X pation		
12	. BIRTHPLACE (city of (Stets) or country		Mary:	tand		Other Contributory Causes of importance:	
ER	13. NAME	Merritt	Pri	tchett			
FATHER	14. BIRTHPLACE (c	ity or town)	Mar;	yland		Neme of operation	
2	15. MAIDEN NAME	Min	nie:	Bell		What test confirmed diagnosis?	
MOTHER	16. BIRTHPLACE (c (Stete or co					Accident, suicide, or homicide? Deta ef	
17		Mrs Cha	rlie	B v oha		(Specify city or town, Specify whether injury occurred in INDUSTRY, in HOME, or	county and State) in PUBLIC PLACE.
18	BURIAL, CREMATIO	N. DR REMOVAL	Md.	•	II/5/3I.	Manner of injury	
19	. UNDERTAKER	G. S	Le	Compte	Md.	24. Wes diseese or Injury in any wey related to occupation of	I deceesed? 20
20	FILED how 4	1 1931	Elig	alieth ?	r. brafe.	(Signed) P. It. Pactor	M, D,
Opicion.		T. A. L. C.	-				

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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E	kample I		Example II	
The principal cause of dea of importance were as follows:	ws:		The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	DECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	DEC 7 1931	July 5,1927	Peritonitis	3 days ago
	THREE BUILT			
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	1PLACE OF DEATH	13090 STATE OF MARYLAND
	County Dorchester	CERTIFICATE OF DEATH
	00	Registration Dist. No.
1	Village or City live (Stern the	Ward) (If death occurry a hospital or in tion, give its NAM stead of street number.)
=	2FULL NAME SUUCE WOOL	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1	S SEX 4 COLOR OR RACE SINGLE. MARRIED. WIDOWED. OR DIVORCED OR DIVORCED OR DIVORCED	16 DATE OF DEATH (Month) (Day) (Ye
6	DATE OF BIRTH LINGUM. 1867	HEREBY CERTIFY, That I attended the deceased
	(Month) (Day) (Year)	that I last saw hell alive on 10 1 1
7	yrs. Unionswar if LESS than I day hrs. or min.?	and that death occurred on the date stated above, at # 10.00 The CAUSE OF DEATH * was as follows:
1	B OCCUPATION (a) Trade, profession or	1
3	particular kind of work	
1	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) 1 yrs mos
5	BIRTHPLACE (State or country)	Contributory Secondary (Dyration)
	10 NAME OF FATHER house Shockley	(Signed) - Surley Labure
	11 BIRTHPLACE OF FATHER (State or country) (State or country)	State the Disease Causing Beath, or, in deaths fr Violent Causes, state (1) Means of Injury and (2) Whet Accidental, Suicidal or Homicidal.
	of MOTHER Sevella Townsens	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, ients or Recent Residents)
	13 BIRTHPLACE OF MOTHER (State or Country)	At place of death / Q.yrs. 5 mos. /3 ds. In the State ys. mos.
1	4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
	(Informant) Gospital Reards:	Former or usual residence Corcesses Eo - M
	(Address) (A'S. D. Combridgens	19 PLACE OF BURIAL OR REMOVAL Mt. Plive DATE OF BURI
	Filed Nov. 2 1931 Elwest	20 UNDERTAKER ADDRESS

occurred in i or institu-its NAME in-

deaths from (2) Whether

OF BURIAL

tutions, Trans-

street and

If more bianks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

whatever, write Nonc. tired 6 yrs). For persons who have no occupation business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook ployed, as At school, or At home. Care should be taken work, or At Home, and children, not gainfully em-Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enen at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealnature of the business or industry, and therefore an cases, especially in industrial employments, it is necesfulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocworked on may form part of the second statement. the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of borer, Farm laborer, Laborer—Coal minc, etc. Wom-Foreman, For many occupations a single word or term on (b) Cotton mill; (a) Salesman, (b) (b) Automobile factory. The material Grocery;

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> approved by Committee on Nomenclature of the telanus) may be stated under the head of "contributory." American Medical Association.) (Recommendations on statement of cause of as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway train or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. FOR VIOLENT DEATHS state MEANS OF INJURY State cause for which surgical operation was under-"PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease "Debility" ("Congenital," tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease (secondary or intercurrent) affection need not be Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid "Exhaustion," unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; ngenital," "Senile," etc.), "Dropsy, "Heart failure," "Haemorrhage," Chronic valvular heart disease etc. The contributory Always qualify all

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU

1. PLACE OF DEATH	10001
County Donhalm	Registration Dist. No. 114
Village or City andrews ha	No. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Coll V. Jump	
(a) Residence: No. andrew md	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	7 193 /
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSSAND of Roy A. Kingson a.	22. HEREBY CERTIFY, That I attended deceased from
J. J. Francone	Oct 16 ,1931 to Ret 16 ,191
6. DATE OF BIRTH (month, day, and year) LOC. 3/ 1900	I last saw han alive on Des 16 , 195/; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at. 12.30 Am.
30 10 6 1 dey, hrs	the Alloca AL CAOSE OF DEATH and related causes of importance
8 Trade profession or particular	Liberarologia o the Date of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	Leccas 1 1728
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et this occupation (month and	
SAW MILL, BANK, etc	
O 10. Date deceased last worked et 11. Total time (years) spent in this occupation year) congation	
Q /	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
E / / / / / / / / / / / / / / / / / / /	
4. BIRTHPLACE (city or town) (State of country)	Name of operation
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME alice methy.	23. If deeth was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT M. CAMMINA M. (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18 BURIAL, CREMATION, DR REMOVAL	Manner of injury
Weise Moste Mr 6 1931	Nature of injury
19. UNDERTAKER Trank E. albaugh	24. Wes disease or injury In any way releted to occupation of decesed?
(Address) Cambolo, Md.	If so, specify
20 FILED Nor 8 1931 mrs W. I. Cusick	(Signed) P. H. Jawes M. D.
Joe al Registrar.	(Address) Cambridge

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

B.—WRITE PLAINLY

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
221007000000	1915	Attack of epilepsy	1 week ogo
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURBAU V. S.	1		
Other contributory causes of importance:		Other contributory causes of importance:	
Gollstones	Moy 1,1923	Gastroenteritis	1 year
			1

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY FILTSICIAN

1900-10-6 6 1900-10-6 6

PHYSICIANS should state Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING MARGIN RESERVED B.—WRITE PLAINER

V. S. No. 1

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1. PLACE OF DEATH	2011 10 2011 10 1/2
County Novementer	Registration Dist. No. //O
Village or City WENTED	NDSt.,War f death occurred in a hospital or institution, give its NAME instead of street and number)
	sds. How long In U.S. if of foreign birth?yrsmosd
(a) Residence: No. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH Nov 2/ 193/ (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY. That I attended deceased from 20 13 to Nov. 2/ 193
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at 2.30 m. The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Convulsions follows acuts 10019
work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dato deceased last worked et this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	Dther Coatributory Causes of importance:
I 13. NAIME XTURBED V. POPPETTONO	
14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Flores Suppose 16. BIRTHPLACE (city or town) (Stete or country) 17. INFORMANT Awalf J. Simony	23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?
18. BURIAL, CREMATION, DR PEMOVAL Place AN AUS Trungs Date 100 22, 19.3/	Manner of injury
19. UNDERTAKER IT Starplown, mo.	24. Was disease or injury in eny wey related to occupation of deceased?
20. FILED Abr 22, 193 R. L. Hosting Registrar.	(Signed) M (Address) Sainly Just.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related of importance were as follows:	causes Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week aga
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

13093

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // L
Mard) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH NOV. YY , 1934
(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended the deceased from 1921 to WW W , 1921
and that death occurred on the date stated above, atm, The CAUSE OF DEATH * was as follows:
Byplwie fern
Contributory Mubble both Prummings
(Signed) (Address) Cauthory M.D.
*State the Discuse Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Trans- ients or Recent Residents)
At place of death
Where was disease contracted,
Former or usual residence. Reida lome. Ind
Reids Gove, Mid Son 24, 1931
Howard Willoughby East her months her

If more blanks are useded, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Year)

σå

(Approved by U. S. Census and American Public Health Association.)

definite salary), may be entered as Housewife, Housework, or At Home, and children, not gainfully em-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocwhatever, write None. business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from gaged in domestic service for wages, as Servant, Cook to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the laborer, er," etc., Never return "Laborer," "Foreman," "Manager," "Dealadditional line is provided for the latter statement; it Civil engineer, or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed household only (not paid Housekeepers who receive a worked on may form part of the second statement. For many occupations a single word or term on yrs). For persons who have no occupation Farm laborer, Laborerwithout more precise specification as Day Stationary fireman, etc. -Coal mine, etc. Wom-But in many

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

> "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of approved tetanus) may be stated under the head of "contributory." and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), (secondary or intercurrent) Chronic interstitial nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. State cause for which surgical operation was under-Whooping cough; (Recommendations on statement of cause of death Examples: Accidental drowning; Struck by railway train— "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY by Committee on Chronic etc. The contributory affection need valvular heart disease; Nomenclature of the not

If this certificate is looked over thoroughly and a'l questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PHYSI-Vorchestor cate. EXACTL properly stated PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. 3 SEX 4 COLOR OR RACE OR DIVORCED (Write the word) may 6 DATE OF BIRTH that it nstructions (Day) (Year) (Month) O 4 IIf LESS than 7 AGE I day hrs. supplied terms ds. or.min.? RESERVE OCCUPATION (a) Trade, profession or S particular kind of work Carefully (b) General nature of industry business, or establishment in mporta which employed or (employer) MARGIN 9 BIRTHPLACE (State or country) 4 D III should SE OF DI 10 NAME OF 11 BIRTHPLACE OF FATHER CAUSE ARENT information (State or country) 12 MAIDEN NAME OF MOTHER state CCUP/ 13 BIRTHPLACE OF MOTHER (State or Country) should ent of O of Every item CIANS sho item Former or

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. // D (If death occurred in a hospital or institu-tion, give its NAME in-stead of street and Ward)

number.)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF (Day) (Month) I HEREBY CERTIFY. That I attended the deceased and that death occurred on the date stated above, at The CAUSE OF DEATH * was as follows:

			a
	(Duration)		mosds
Contributory Secondary	~		
	(Duration)	578	.mosds
(Signed A)	Draze		м. р

*State the Disease Causing Death, or, in Violent Causes, state (1) Means of Injury and deaths from (2) Whether Accidental, Suicidal or Homicidal.

(Address) / William

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

At place of deathyrsmosds.	In the Stateyrsmesde
Where was disease contracted,	

if not at place of death?

usual residence

If more branks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S

(Approved by U. S. Census and American Public Health Association.)

should be used only when needed. As examples: (a) additional line is provided for the latter statement; it fulness of various pursuits can be known. The quescupation is very important, so that the relative healthstate occupation at beginning of illness. If retired from household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houselaborer, Spinner, nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neces-Civil engineer, Stationary froman, etc. But in many Physician, the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Scrvanl, Cools, Housemaid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken en at home, who are engaged in the duties of the er," etc., without more precise specification as Day Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement report specifically the occupations of persons en-Foreman, or At Home, and children, not gainfully em-For many occupations a single word or term on yrs). Farm laborer, (b) Cotton mill; (a) Salesman. Compositor, Architect, Locomotive For persons who have no occupation (b) Automobile factory. The material Laborer-Coal minc, etc. Wom-(b) engineer, Grocery,

Statement of Cause of Death—Name, first, the DIS-EASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED N. B.—WRITE PLAINL

V. S. No. 1

1. PLACE OF DEATH	CERTIFICATE OF DEATH	
County Dorclaster	Registration Dist, No.	5
Village or City Toda Part 2	tel ma	Word
(1	f death occurred in a hospital or institution, give its NAME instead of street and r	
Length of residence In city or town where death occurredyrsmos	sds. How long In U.S. if of foreign birth?yrsmo	osds.
2. FULL NAME & Contraction Africa	- Lee-	
(a) Residence: No. I Leel Can 2	ecst, Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR MACE 5. SINGLE, MARRIED, WIDOWED, OR DJVORCED (write tha word)	21. DATE OF DEATH	1
" There Elledane	(Month) (Day)	, 193 (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY That Lattended	
(or) WIFE of Late and Spolen	22. HEREBY CERTIFY, That I attended	
6. DATE OF BIRTH (month, day, and year)		, 19 # / ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	; death is said
\$5 × 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	•
8 Trade profession or particular	obsumeting humel	Date of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, ROUKKEPER, etc.	o escare to to of the or	11-21-
Industry or business in which	Hiermah	11.000
work was done, as SILK MILL, SAW MILL, BANK, atc	First Mayre	11-28/
11. Total tima (years) this occupation (month and spent in this		
year) occupation	Other Control of the state of t	
12. BIRTHPLACE (city or town)	Other Coatributory Causes of importance:	
(State or county)		
13. NAME The Speed		
13. NAME 14. BIRTHPLACE (city or town)	Name of operation Date of	
(Stata or country)	What test confirmed diagnosis? Was there an a	utoney?
I 15. MAIDEN NAME acces Sparkers	23. If death was due to exteroal causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME CLEAN 16. BIRTHPLACE (city or Lown)	Accident, sulcide, or homicide? Date of injury	
E (State or senal)	Where did injury occur?	, 13
The Spell	(Specify city or town, county and State	:)
17, INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	ICE.
18. BURIAL, CREATION, OR REMOVAL	Mannar of injury	
Placa Date Date	Nature of injury	
este +		3
19. UNDERTAKER (Address)	24. Was disease or Injury in any way related to occupation of deceased?	
1/25 2. O. O. O. O.	(Signed) So Or Stoley	
20. FILED 11 08 , 101 07: X Q X 10 Pain	(Signed) CMM wells mile	M. D.
Registrar.	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

12665

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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- 8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.
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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5,1927	Peritonitis	3 days ago
DITRIATI V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

County Village or City Village or City Village or City Village or City Length of residence in city or town where dath occurred. YIS. More Institution, give its NAME instead of steeter and number) Length of residence in city or town where dath occurred. YIS. More Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Now length of Institution, give its NAME instead of steeter and number) As Name of Institution, give its NAME instead of steeter and number) As Name of Institution, give its NAME instead of steeter and number) As Name of Department (south of the weed) As Name of Operation (south of the weed) As Name of Operation, or particular the weed of the data stated above, at the steet of the weed of the data stated above, at the steet of the weed of the weed of the data stated above, at the steet of the weed of th	1. PLACE OF DEATH			34			
Length of residence in city or town where death occurred yet. Length of residence in city or town where death occurred yet. (a) Residence: No. G. Residence: No.	County Downer	u-			Registration Di	st. No.	15
(a) Residence: No. Custal place of shoels PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE OR DIVORCED (without the world) OR DIVORCED (with the world) OR DIVORCED (with the world) 5. If matried, widowed, or divorced (cr) wife to world (cr) wife to (cr) wife to (cr) wife or	7			death occurred in a hospital or institu		nstead of street and	aumber)
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE MARKED, WIDOWED, OR DIVORED ("write the word) 5. If starties, widowed, or divorced (cr) Wife or (cr		mel Jun	It van				
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) 53. If married, widowed, or divorced HUSSAND of (Worth) 54. DATE OF BIRTH (month, day, and year) 7. AGE 8. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEFER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MIL, BANK, etc. 11. Total time (years) year) 12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. BIRTHPLACE (city or town) (State or country) 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAT Place 19. UNDERTAKER 19. UNDERTAK	0	(Usual place of		MEDICAL C			I State
Sa. II married, widowed, or divorced HUSBADA (Month) 5a. II married, widowed, or divorced HUSBADA (Month) 5b. DATE OF BIRTH (month, day, and yeer) 7. AGE Years Months Days II LESS than 1 day					100		
HUSBAND of (cr) WIFE of 6. DATE OF BIRTH (month, day, and yeer) W.C. 30 - 193 7. AGE Years Months Days II LESS than I day,		OR DIVORCED	(write the word)	Zi bate vi beatti	(Month)	27 (Day)	, 193 \(\frac{1}{2}\)
7. AGE Vears Months Days If LESS than I day	HUSBAND of	1000 1 200	3	Dealin	CERTIFY	That I attended	, 19
3. Trade, profession, or particular for min. 4. Saw Mulla, Bank, etc. 4. June for min. 5. Available follows: 4. Date of minimin for					medic	as are	
8. Trade, profession, or particular to the following: 9. Inductry or business in which work was done, as SPINKER, SAWYER, BOOKKEPER, etc. 9. Inductry or business in which work was done, as SILK MILL, SAW MILL, BAK, MILL, SAW MILL, S	7. AGE teats Mon	5 2-7	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT			
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation (month and year) 12. BIRTHPLACE (city or town). (State or country) 13. NAME 14. BIRTHPLACE (city or town). (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town). (State or country) 17. INFDRMANT (State or country) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 19. UNDERTAKER (Address) 20. FILED. 10. A State or country in any way related to occupation of deceased? (Signed). 24. Was disease or injury in any way related to occupation of deceased? (Signed). 35. Signed). 36. Signed). 37. Signed). 38. Date of this in also the following: Address or injury in any way related to occupation of deceased? (Signed). 38. Signed). 39. Si	kind of work done, as SPINNI	er, nne		Browns	- Inous		Och 30 /2
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL CREMATION, OR REMOVAL Place 19. UNDERTAKER (Address) 20. FILED 21. Total time (years) Specify causes of importance: Dither Coatributory Causes of importance: Deter Causes of importance: Deter Coatributory Causes of importance: Det			- 7 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2	Duc molany.		(01/45/17/11/1	am.
12. BIRTHPLACE (city or town) (State or country) 13. NAME 14. BIRTHPLACE (city or town) (State or country) 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 20. FILED 21. Secity city or town) (Signed) 22. Secify (Signed) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? 24. Was disease or injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) 34. Signed) 35. Manner of injury Nature of injury (Signed) 36. Signed) 37. Or injury Nature of injury (Signed) 48. Signed 59. Signed 69. Signed	O 1.10. Date deceased last worked at this occupation (month and	11. Total ti	nt in this	finbally sup	eliasis philos f	rm Bw	erila
What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury. Nere did injury occur? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? If so, specify (Signed) What test confirmed diagnosis? Was there en autopsy? Accident, suicide, or homicide? Specify whether Injury occurr? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.	(State or country)	eduntill'	land	Dther Coatributory Causes of Imp	ortance:	Cull	erita
What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? Dete of Injury. Nere did injury occur? Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury. Nature of injury. Nature of injury in any way related to occupation of deceased? If so, specify (Signed) Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? What test confirmed diagnosis? Was there en autopsy? Accident, suicide, or homicide? Specify whether Injury occurr? Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) Calculation (Signed) Specify (Signed) Manner of injury Nature of injury in any way related to occupation of deceased? (Signed) M. D.	13. NAME Jullier	Carr		Name of operation		Date of	
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place (Address) 19. UNDERTAKER (Address) 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Manner of injury Nature of injury 19. UNDERTAKER (Address) 24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) (Signed) M. D. (Signed) M. D. (Signed) M. D.	(State or country)	manns	Lund			The Allegan	
16. BIRTHPLACE (city or town) State or country) Accident, suicide, or homicide? Dete of Injury 19.	15. MAIDEN NAME	la This	mkon				
Specify city or town, county and State) 17. INFDRMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Place Date NO: 29, 19.3 19. UNDERTAKER (Address) Caldin (Address) 20. FILED NO. 29, 19.21 Amy while the acceptance of the a	[16. BIRTHPLACE (city or town)	Jul me sal	meand		De	ete of Injury	, 19
Place Government of Injury 19. UNDERTAKER (Address) (Address) 20. FILED N.N. 29, 1921 \ amount \ heave (Signed) (Signed) (Signed)		inher	ill md		(Specify city or to in INDUSTRY, In HOM	own, county and Sta IE, or in PUBLIC PI	ate) LACE.
(Address) Galdmyril Ing If so, specify (Signed) ane on heave M.D.							
20, FILED N. N. 29, 1921 \ amis co. hieace (Signed) ame a. heace M.D.	19. UNDERTAKER	heelein der 12:18	120	-	way related to occupat	0	Registro
	100000	James Co. 1	Mea Q. Registrar.	(Signed) Games	J. hrea	rell h	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Stileet, Baltimore, Requesting U.S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

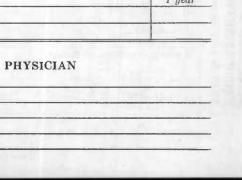
In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU				
Other contributory causes of importance:		Other contributory causes of importance:	7 114	
Gallstones	May 1,1923	Gastroenteritis	1 year	



ciassified. instructions piai OF state CCUP

MARGIN RESERVED

PLACE OF DEATH

County

7 AGE

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist	N.	11
Kegistration	Dist.	No.	

	JLL NAME &	inne Tol	L		(if death occurred in a hospitei or institu- tion, give its NAME in- stead of street and number.)
PERSO	NAL AND STATISTI	CAL PARTICULARS	MEDICAL	CERTIFICATE O	OF DEATH
3 SEX	4 COLOR OR RACE	S SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH		ν3 , 19 3 Λ
6 DATE OF BU	RTH	trang,	I HEREBY C		ended the deceased from
	(Month)		that I last saw h	ajive on M	· V & , 1921,

OCCUPATION (a) Trade, profession or particular kind of work	mme	***************************************
(b) General nature of industry		

which employed or (employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF (Signed)

FATHER II BIRTHPLACE ARENTS OF FATHER (State or country) 12 MAIDEN NAME

OF MOTHER 13 BIRTHPLACE OF MOTHER

(State or Country)

(Informant)	. W- A ral
(Address)	Friedland MM.
15 _ M = 311 .31	8 8 Tures

	Violent Causes Accidental, Suic	, state (1) idal or Homicid	Means	of Injury	and	(2) Whe	
18	LENGTH OF		(For	Hospitais,	Inst	itutions,	Trens

*State the Disease Causing Death, or, in deaths from

At place of death Where was disease contracted,

if not at place of death?... Former or usual residence

If LESS than and that death occurred on the date stated above

The CAUSE OF DEATH *

Secondary

DATE OF BURIA

If more branka are needed, addrese State Registrar, 16 W. Saratoga St., Baito., Requesting V. S. No. 1.

Every item CIANS sho statement

(Approved by U. S. Census and American Public Health Association.)

er," etc., Without more process. Coal mine, etc. Wom-laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of octired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter tion applies to each and every person, irrespective of or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, Housemuid, etc. If the occupation has been changed to report specifically the occupations of persons enwork, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken definite salary), may be entered as Housewije, Houseen at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Physician, Compositor, Architect, Locomotive engineer, whatever, write None. business, that fact may be indicated thus; Farmer (rehousehold only (not paid Housekeepers who receive a uner, (b) Cotton mill; (a) Salesman, (b) Grocery; Foreman, (b) Automobile factory. The material For many occupations a single word or term on especially in industrial employments, it is neces-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

telanus) may be stated under the head of "contributory." "Debility" ("Congenital," "Senile," etc.), "Dropsy," ("Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease causing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid approved by Committee on Nomenclature of the carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJURY diseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all tions, such as "Asthenia," "Anaemia" (merely symptom-(secondary or intercurrent) affection need not be Whooping cough; Chronic Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condi-Chronic valvular heart disease; etc. The contributory

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLAND	CERTIFICATE OF DEATH 13098
1. PLACE OF DEATH	
County Dorchester	Registration Dist. No. 115
	No. St., Ward death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of forolgn birth? yrs. mos. ds.
2. FULL NAME Nellie May Wallace	
(a) Residence: Np. Fishing Creek Md (Usual place of abode)	St., Ward. If nonresident give city or town and State.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Feamle White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (1971) (1971) (1971)	21. DATE OF DEATH November 4th 1931 (Month) (Day) (Year)
53. If married, widowed, or divorced HUSBAND of (or) WIFE of Ernest Wallace	22. I HEREBY CERTIFY, That I attended deceased from Sunt. 29, 1930, to Mov. 4, 1931
6. DATE OF BIRTH (month, day, and year) Cong 10 - 1677	Hast saw h. w. alive on N. 3 1931; death is said
7. AGE Years Months Days If LESS than 1 day. hrs.	to have occurred on the date stated obove, at
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, Saw MILL RANK etc.	Carring Wens 1920
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (years) spant in this occupation (month and year)	
12. BIRTHPLACE (city or town) Julius Crell (State or country) Mary Land	Other Contributory Causes of importance:
13. NAME John H. Meekins	
13. NAME John H. Meekins 14. BIRTHPLACE (city or town) Maryland (State or country)	Name of operation Date of What test confirmed diagnosis? Clumed Was there an autopsy?
E 15. MAIDEN NAME Angie Creighton	23. If death was due to external causes (VIDL ENCE) fill in also the following:
15. MAIDEN NAME Angie Creighton 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFDRMANT Ernest Wallace (Address) Fashing Crrek	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Fishing Creek Date Md II/4/3I.	Manner of injury
19. UNDERTAKER Granville S. Le Compte. (Address) Cambridge, Md.	24. Was disease er injury in any way related to occupation of deceased?
20 FILED Mrr. 5 1931 James J. Meady	(Signed) James W. M. B.

LOCA L

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows;	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
RESEAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

0		dd.
	CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PRICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Is statement of OCCUPATION is very important. See instructions on back of certificate:
	PASENT (the stated be proper tok of cert
BINDI	PERM.	t it may
FOR	S IS A	d. ACE
MARGIN RESERVED FOR BINDING	WRITE PLA LA WITH UNFADING INK-THIS IS A PERMARENT CORD	Every Item of Information should be carefully supplied. ACE should be stated EXACTLY CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classificatement of OCCUPATION is very important. See instructions on back of certificatement.
N RE	DING	carefu rH in p portan
MARGI	UNFAI	ould be
	WITH	CAUSE C
		nforma state C
	PL	of I
	WRITE	ANS sho
4		S C E

HYSI- Exact	PLACE OF DEATH	13099 STATE OF MARYLAND CERTIFICATE OF DEATH
d. bed.		(119) Registration Dist. No. // 6
XACTL classif	Village or City Owner Craffino.	St.: Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number.)
Perl		1
rop	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
d be g	MARIED, WIDOWED. OR DIVORCED (Write the word)	(Month) (Day) (Year)
that it me	6 DATE OF BIRTH (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from Nov. 28 1931 to Nov. 28 1931, that I last saw halive on Wind not allehaling 192,
ms so the nestructi	7 AGE Welk If LESS than I day hrs. or min.)	
ly supparain ter	a OCCUPATION (a) Trade, profession or particular kind of work	
in pl	(b) General nature of industry business, or establishment in which employed or (employer)	(Duration) yss, mos
be ca EATH impo	9 BIRTHPLACE (State or country) Maryland	Secondary (Duration) 118
CF D	10 NAME OF FATHER John Willey	(Signed) 10,00,00 millionen M. D. 192 (Address) Ohnrole leruk M
CAUSE TION	OF FATHER (State or country) 12 MAIDEN NAME OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.
orma ate	of MOTHER EACH YILL	18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place In the
ten of In should s ent of OC	OF MOTHER (State or Country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yis mos ds. State yrs mos ds. Where was disease contracted, if not at place of dea h?
	(Informant) John Willey	Former or usual residence
Every CIANS	(Address) Church Club mg	Church creek and sec 1st, 1,31
10 0	Filed Dec / 1981 E E Welf	Loud Richardson Church Cruk V
72	If more blanks are needed, addre.s State Registrat	r, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material sary to know (a) the kind of work and also (b) the fulness of various pursuits can be known. The quescupation is very important, so that the relative healthor given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken laborer, Farm laborer, Laborer—Coal mine, etc. Womshould be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an cases, especially in industrial employments, it is necesthe first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of Statement of Occupation-Precise statement of ocwhatever, write Nonc ... business, that fact may be indicated thus; Farmer (re-Mousemaid, etc. If the occupation has been changed definite salary), may be entered as Housewife, Househousehold only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the Never return "Laborer," "Foreman," "Manager," "Dealworked on may form part of the second statement. Civil engineer, Physician, report specifically the occupations of persons en-For many occupations a single word or term on Compositor, Architect, Locomotive engineer, Stationary fireman, etc. But in many

Strtement of Cause of Death—Name, first, the DISEAL TAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal feer (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid feer (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

as fracture of skull, and consequences (e.g., sepsis approved by Committee on tetanus) may be stated under the head of "contributory." carbolic acid-probably swicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); (name origin; "Cancer" is less definite; avoid inges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) or as probably such, if impossible to determine definitely. taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as (secondary or intercurrent) affection need not be (Recommendations on statement of cause of Examples: Accidental drowning; Struck by railway train-Whooping cough; "Atrophy," "Collapse, Never report mere symptoms or terminal condiinterstitial nephritis, Chronic ," "Coma," "Convulsions, valvular heart diseasc; etc. The contributory Nomenclature of the Measles;

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

STATE OF MARYLA	ND_CERTIFICATE OF DEATH
1. PLACE OF DEATH	(13)
County Dorchester	Registration Dist.
Village or City Woolfords, Md.	No. (If death occurred in a hospital or institution, give its NAME instea
Length of residence in city or town where death occurred6.8 _yrs	
2. FULL NAME Emma Z Williams.	
(a) Residence: No. Woolfords, M (Usual place of abod	d St., Ward. If nonresident give on

PERSONAL AND STATISTICAL PARTICULARS

Months

Maryland

Jeremiah Linthicum

Sallie J. Asplin Woolfords,

Granville S. Le Comp Cambridge Md.

Charch Creek Md ... Date

Maryland

Sarah J. Woolford.

Maryland

9

late T. H. Williams.

2/1/1863

or____min.

If more blanks are needed, address State Registrar, 2411 V Charles Street, Baltimore, Requesting V. S. No. 1.

Days

House work

11. Total time (years)
spent in this

occupation

I5

4. COLOR OR RACE

White

Registration Dist. No. II6 or institution, give its NAME instead of street and number) U.S. if of foreign birth? _____yrs. ____ mos. ____ ds. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ERTIFY. That I attended deceased from If LESS than to have occurred on the date stated above, at 8-15 Am 1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance Date of onset X Other Contributory Causes of importance What test confirmed diagnosis? - Museum Was there an autopsy?____ 23. If death was due to external causes (VIOL ENCE) fill in also the following: Accident, suicide, or homicide? Date of injury _____ 19__ Where did injury occur? ___ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE. Mannor of injury Nature of injury 24. Was disease or injury in any way related to occupation of deceased?_ If so, specify (Signed)

Exact classified E certificate. properly may back should so that instructions should be carefully supplied. CAUSE OF DEATH in plain terms, very important. -WRITE LION

3. SEX

7. AGE

OCCUPATION

FATHER

MOTHER

Female

5a. If married, widowed, or divorced HUSBAND of

6. DATE OF BIRTH (month, day, and year)

68

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.____

9. Industry or business in which work was done, as SILK MILL,

SAW MILL, BANK, etc 10. Date deceased last worked at

this occupation (month and

(or) WIFE of the

12. BIRTHPLACE (city or town)

15. MAIDEN NAME

19. UNOERTAKER (Address)

13. NAME

(State or country)

14. BIRTHPLACE (city or town)

16. BIRTHPLACE (city or town)

ASABHRIAHACREMATION, PR REMOVAL

(State or country)

(State or country)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the discase, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal eause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiul nephritis	1921	Run over by street car	1 week ago
Corebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
RURBAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

N. B.--Every Item of Information should be carefully supplied. ACE should be stated EXACTLY, PHYSI-CIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WITH UNFADING INK--THIS IS A PERMANENT WRITE PL.

MARGIN RESERVED FOR BINDI

V. S. No. 1

PLACE OF DEATH County Cr Arester	13101 STATE OF MARYLAND CERTIFICATE OF DEATH			
0)/1	Registration Dist. No. //O			
Village or City Hersbert No. 2FULL NAME Mayo S.	St:: Ward) (if death occurred in a hospitel or institu- tion, give its NAME in- stead of street and number.)			
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, Cattle WIDOWEO, OR DIVORCED (Write the word)	6 DATE OF DEATH (
6 DATE OF BIRTH (Month) (Day) (Year)	I HEREBY CERTIFY, That I attended the decessed from			
7 AGE If LESS than I day hre.	and that death occurred on the date stated above, at			
yrs. O mos. ds. or min.? 8 OCCUPATION (a) Trade, profession or particular kind of work	Develo Vaz Calar Bunchtes			
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Solar Philippia			
9 BIRTHPLACE (State or country) 10 NAME OF	Secondary (Dustion) yrs mos 20 ids. (Signed) M. D.			
FATHER SLEPH POSCULAR 11 BIRTHPLACE OF FATHER (State or country) (State or country)	*State the Disease Causing Death, or, in death's from Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.			
of MOTHER Sarah Class Hoodewa	Accidental, Suicidal or Homicidal. LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)			
13 BIRTHPLACE OF MOTHER (State or Country)	At place of deathyrsds. In the Stateyrsds. Where was disease contracted,			
(Informant / Us THE BEST OF MY KNOWLEDGE	Former or Full ACE OF BURIAL OR REMOVAL () DATE OF BURIAL			
(Address) Huglow Ma	Hurlan Ma Modin. 31			
15 Filed ner 17 1901 Nobel L Hastrig 2	29 UN DERTAKER ADDRESS SELETON			
If more bianks are needed, address State Registrar, 16 W. Seratoga St., Baito., Requesting V. S. No. 1.				

(Approved by U. S. Census and American Public Health Association.)

fulness of various pursuits can be known. The quesshould be used only when needed. As examples: (a) sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necestion applies to each and every cupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseer," etc., without more precise specification as Day laborer, Farm laborer, Laborer—Coal mine, etc. Wom-Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Civil engincer, business, that fact may be indicated thus; Farmer (restate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, gaged in domestic service for wages, as Servant, Cook, work, or At Home, and children, not gainfully employed, as At school, or At home. Care should be taken en at home, worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealwhatever, write None. Housemaid, etc. If the occupation has been changed report specifically the occupations of persons enfirst line will be sufficient, e. g., Farmer or Planter, Foreman, For many occupations a single word or term on yrs). Compositor, Architect, who are engaged in the duties of the Stationary fireman, etc. For persons who have no occupation person, irrespective of Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia")

"Debility" ("Congenital," "Senile," etc.), "Dropey, "Exhaustion," "Heart failure," "Haemorrhage, (secondary or intercurrent) affection need not be stated unless important. Example: Measles (disease use of "Tumor" for malignant neoplasms); Measles; (name origin; "Cancer" is less definite; avoid tclanus) may be stated under the head of "contributory." "PUERPERAL seplicaemia," "PUERPERAL peritonitis," etc. can be ascertained as the cause. Always qualify all "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, causing death), 29 ds.; Bronchopneumonia (secondary), unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved by Committee on (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, carbolic acid-probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by Examples: Accidental drowning; Struck by railway trainor as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptom-Chronic interstitial nephritis, Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, peritonaeum, etc., Carcinoma, Sarcoma, etc., ol Never report mere symptoms or terminal condi-FOR VIOLENT DEATHS state MEANS OF INJURY resulting from childbirth or miscarriage as Chronic valvular heart disease; etc. The contributory Nomenclature

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.